

IN THE UNITED STATES DISTRICT COURT
FOR THE ~~NORTHERN~~ DISTRICT OF ALABAMA
Middle

RECEIVED

Jimmy FRANK Cameron Pro-Se 2006 DEC 19 A 9 39

Inmate Identification Number: 105591

(Enter above the full name(s) of the plaintiff(s)
in this action)

vs.

Richard Allen Commissioner ET AL

Doctor Siddiq

P.H.S ET AL

Prison Health Services

(Enter above full name(s) of the defendant(s)
in this action)

NOTICE TO FILING PARTY

*It is your responsibility to
notify the clerk in writing
of any address change.
Failure to notify the clerk
may result in dismissal
of your case
without further notice.*

2:06-CV-1115-MHT

I. Previous lawsuits

A. Have you begun other lawsuits in state or federal court(s) dealing with the same facts involved in this action or otherwise relating to your imprisonment?
Yes (☒) No (☐)

B. If your answer to (A) is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuit(s) on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff(s): Jimmy FRANK Cameron

Defendant(s): Donal Campbell ET AL P.H.S

SAMUEL Rayapati Glorie Thonson, Anthone H Marsh
Victoria Young - case no 2:06-CV-88-W.H.A.
Denial of Adequate medical Treatment

SCANNED

2. Court (if Federal Court, name the district; if State Court, name the county) Middle District
3. Docket number 206-CV-88-WH-A
4. Name of judge to whom case was assigned Honorable Charles Goody
5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) still Pending
6. Approximate date of filing lawsuit 2-3-06
7. Approximate date of disposition _____

II. Place of present confinement

Bullock Correctional Center

- A. Is there a prisoner grievance procedure in this institution?
Yes (☒) No (☐)
- B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?
Yes (☒) No (☐)
- C. If your answer is YES:
1. What steps did you take? File a Number of Grievances
~~ALL Denied~~, about my Back Pain
 2. What was the result? ALL Denied see Exhibits A B-C & D
- D. If your answer is NO, explain why not? _____
- _____
- _____
- _____

Parties

In item (A) below, place your name(s) in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff(s) Jimmy Frank Cameron

Address PO Box 5107 Union Springs ALA 36089

In item (B) below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item (C) for the names, positions, and places of employment of any additional defendants.

B. Defendant Richard Allen

is employed as Prison Commissioner

at Alabama Dept. of Corrections P.O. Box 301501 Mont. ALA 36130

C. Additional Defendants Doctor Siddiq P.H.S Prison Health Service

Doctor at Bullock Correctional Facility,

Prison Health Service

V. **Statement of Claim**

State here, as briefly as possible, the FACTS of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.

Violation of 8 and 14 Amendments Ask Doctor Siddiq
for Decompression Therapy for Pinch Nerves in
my Back, was Told, "To Learn To Live with it!" "Comestic
Treatment is All The Treatment. Live HAO as Recon
Show. see Attached Page

Plaintiff Live in Constant Pain. Doctor Stoodley
Just Refuses To give me Adequate Medical Treatment!

Pursuant To 28 U.S.C. 1331 1243 A.3

7. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

ORDER Defendant To give Plaintiff Decompression
Therapy for His Back, ORDER Defendant To Pay
Plaintiff \$125,000 for Pain and suffering and Being
Abused, Give a Injunction To Defendants ordering
no Retaliation against Plaintiff, are mistreatment
ORDER NURSE MASSEY To stop Harrassing Plaintiff

"I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12-4-06.

Jimmy Frank Cameron
N.S. 705591

Signature(s)

Statement of Case

Come now Jimmy Frank Cameron in The above Style
cause To let This Honorable Court know that his Life
is in Danger After Filing The first Civil Action
ON 2-3-06, Plaintiff has been Prescribed medication
That Plaintiff was not suppose To Take. Plaintiff has
a Liver Disease Hipatitis C. Doctor Siddig has
Prescribed Plaintiff medication after Plaintiff Repeatedly
Told Doctor Siddig That Plaintiff was not suppose To
Take That medicine. Check Plaintiff medical Records
plainly show Plaintiff (Allergies Ibuprofen). Plaintiff
Has been Prescribed Fosamax another Drug That
plainly states on it Label not To be Taken if you
have a Liver Disease. Plaintiff Just want To show
This Honorable Court That The Defendants show
Deliberate Indifference Treating Plaintiff Every Day
with The wrong medication. Plaintiff medical
Records will plainly show! What Plaintiff is Letting
The Court know (see medical Records)

Plaintiff has not been givin Edequate medical Treatment
from The Defendants! nothing but cosmetic Treatment
for a painful Back Problem I saw chronic care

11-27-06

Nurse Mrs. Kivhal She Told me she did not care
if I even got medical Treatment. She said I was A

A

K, K, K because I Live At Cullman Hall, while on Parole
after she found out about my Pending Civil Action
Against P.H.S

105591

Jimmy F Cameron

Exhibit A

Exhibit APRISON HEALTH SERVICES
MEDICAL COMPLAINT FORM

Jimmy Cameron 105591 3-22 11-28-06
 NAME AIS # UNIT DATE

This complaint is to be completed with as few words as possible to identify the problem. Additional pages attached to this form will not be accepted.

PART A---INMATE REQUEST

Ms Knoles. The Chronic Care Nurse Told me she
did not care if I ever got Treatment. she called me
a Kik Koo UNprofessional conduct.

Jimmy Cameron
 INMATE SIGNATURE

PART B - RESPONSE

DATE RECEIVED

ISSUE addressed.
Inmate agreed to the outcome
of the discussion.
use of professional language
& conduct of all parties
by staff & inmates

[Signature]
 MEDICAL STAFF SIGNATURE

DATE

IF YOU ARE UNSATISFIED WITH THE RESPONSE, YOU MAY FILE A MEDICAL
 GRIEVANCE USING THE PRISON HEALTH SERVICES GRIEVANCE FORM

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

Exhibit B

Exhibit B

PRISON HEALTH SERVICES MEDICAL COMPLAINT FORM

Jimmy Cameron 105591 3-22 11-16-06
NAME AIS # UNIT DATE

This complaint is to be completed with as few words as possible to identify the problem. Additional pages attached to this form will not be accepted.

PART A--INMATE REQUEST

I've tried to get adequate medical treatment for my
back since I've been here. After seeing Refuser to
do what is required before I take legal action

Jimmy Cameron
INMATE SIGNATURE

PART B--RESPONSE

DATE RECEIVED 11/17/06

Mr. Siddig has been addressing your issues
related to back pain. You have special passes
and is on pain medication. This issue has
been and continues to be address.

[Signature]
MEDICAL STAFF SIGNATURE

DATE 11/17/06

IF YOU ARE UNSATISFIED WITH THE RESPONSE, YOU MAY FILE A MEDICAL GRIEVANCE USING THE PRISON HEALTH SERVICES GRIEVANCE FORM

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

Exhibit C

Exhibit C

INMATE REQUEST SLIP

Name Jimmy Cameron Quarters 3-22 Date 11-18-06AIS # 105591

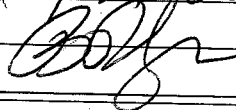
☐ Telephone Call ☐ Custody Change ☐ Personal Problem
☐ Special Visit ☐ Time Sheet ☐ Other _____

Briefly Outline Your Request - Then Drop In Mail Box

I'm Trying To exhaust state Remedies
 so I can file another suit. I need
 ADEQUATE Treatment for my Back
 Doctor Siddig Refuses To give me Treatment
 for my Back. I still have Pinched Nerves
 on my spine. I still need Decompression
 Therapy.

Do Not Write Below This Line - For Reply Only

My back pain is being
 addressed. Remedies of treatment
 are in place. Request denied.

 11/17/06

Approved

☒ Denied

Pay Phone

Collect Call

Request Directed To: (Check One)

☐ Warden ☐ Deputy Warden ☐ Captain
☐ Classification Supervisor ☐ Legal Officer - Notary Public ☐ Record Office

D.O.N. NERSE

N176

Exhibit D

Exhibit D

INMATE REQUEST SLIP

Name Jimmy Cameron Quarters 3-22 Date 11-18-06AIS # 105591

- ☐ Telephone Call ☐ Custody Change ☐ Personal Problem
☐ Special Visit ☐ Time Sheet ☐ Other _____

Briefly Outline Your Request - Then Drop In Mail Box

Capt Nettles

I've been trying to get adequate medical treatment since I've been here. This doctor stodig just refuses to do ANY thing for my BACK PAIN. I need depression therapy

Thank you

Do Not Write Below This Line - For Reply Only

A review of your record shows that Mr. Sidig has been addressing each complaint regarding back pain that you present to medical. You have special need passes which includes but not limited to double mattress pass, lay-in and low (bottom) bunk. Medications for pain have also been issued.

Approved

Denied

Pay Phone

Collect Call

Request Directed To: (Check One)

- ☒ Warden ☐ Deputy Warden ☒ Captain
☐ Classification Supervisor ☐ Legal Officer - Notary Public ☐ Record Office

N176

Sick call